

Dear Summer Skaters:

Welcome to Hamilton Center's annual Summer Figure Skating Program. The summer schedule will begin on Monday, June 3, and continue through Friday, July 31st, 2014.

We are looking forward to a successful on-ice program this summer to help each skater improve their skills.

Guest pros are welcome to bring their own students to Hamilton Center at no charge for the instructor. Proof of insurance through P.S.A, and U.S.F.S.A. or I.S.I is required. A jump harness is available for use by instructors only.

Please feel free to call the office: (812)376-2686 with any questions or visit us online :www.hamiltoncenter.net

Carleen Fry, Arena Manager
cfry@columbus.in.gov

Punch card Prices:

12 punches \$78.00 (\$6.50/session)

24 punches \$150.00 (\$6.25/session)

48 punches \$288.00 (\$6.00/session)



On Staff Professionals

Katie Walker Baxter

Email: skatie@comcast.net

P.S.A. Rated

U.S. Gold Medalist in Figures, Freestyle & Pairs

Canadian Gold Medalist in Figures & Freestyle

National Silver Medalist in Pairs

National Freestyle, Figures, & Pairs Coach

Elizabeth Fernandes

Email: Liz20@comcast.net

P.S.A. Accredited

Scottish National Pairs Champion

British Silver Medalist in Figures & Freestyle

Former International Competitor

National Freestyle Coach

Jenni Cashen

Email: Jennifer.cashen@att.net

P.S.A. Certified Rating in Freestyle & Registered MIF

U.S. Silver Medalist in Figures

National Figure and Sectional Freestyle Coach

B.S. in Marketing, Butler University

Coaches can be contacted via email or through Hamilton Center
(812)376-2686

- Sessions are non-transferable and non-refundable
- All Skaters must complete a consent form and return it to the office before the 1st day of skating
- A tentative schedule of planned skating times sent ahead will aid instructors in scheduling private lessons.

Skating Levels: (Cannot skate 2 levels above or below skater's classification)

High Freestyle Skaters: Have passed Juvenile MIF and Pre-Juvenile FS.

Intermediate Freestyle Skaters: Have passed preliminary MIF and Pre-Preliminary FS.

Low Freestyle Skaters: Anyone who has not passed Pre-Preliminary F.S



Monday	Tuesday	Wednesday	Thursday	Friday
High Freestyle 7:30-8:15	Intermediate FS 7:30-8:15	High Freestyle 7:30-8:15	Intermediate FS 7:30-8:15	High Freestyle 7:30-8:15
High Freestyle 8:15-9:00	Low/Intm FS 8:15-9:00	High Freestyle 8:15-9:00	Low/Intm FS 8:15-9:00	High Freestyle 8:15-9:00
High Power 9:00-9:30	Int. Power 9:00-9:30	High Power 9:00-9:30	Int. Power 9:00-9:30	High Power 9:00-9:30
Resurface	Resurface	Resurface	Resurface	Resurface
High/Intm FS 9:45-10:30	High/Int FS 9:45-10:30	High/Intm FS 9:45-10:30	High/Int FS 9:45-10:30	High/Intm FS 9:45-10:30
Low/Intm FS 10:30-11:15	High Freestyle 10:30-11:15	Low/Intm FS 10:30-11:15	High Freestyle 10:30-11:15	Low/Intm FS 10:30-11:15
	Resurface		Resurface	
Low Power 11:15-11:45	Mixed FS 11:30-12:15	Low Power 11:15-11:45	Mixed FS 11:30-12:15	Mixed FS 11:15-12:00
Mixed FS 11:45-12:30	Mixed FS 12:15-1:00	Mixed FS 11:45-12:30	Mixed FS 12:15-1:00	Mixed FS 12:00-12:45

Hamilton Center Ice Arena
 2501 Lincoln Park Drive
 PO BOX 858
 Columbus, IN 47201
 (812) 376-2686
www.columbusparksandrec.com

COLUMBUS PARKS AND RECREATION DEPARTMENT
CONSENT TO MEDICAL TREATMENT FOR MINOR
SUMMER FIGURE SKATING SCHOOL 2010

I, (Parent/Legal Guardian's Name) _____
 Address _____
 City _____ State _____ Zip _____

Phone (____) _____-_____ do hereby state that I am the natural
 parent/legal guardian of (Child's name) _____
 Age _____ Birth date ____/____/____ who resides with me.
 In case of illness or accident, I authorize the School Director or a representative
 to take said minor to the Columbus Regional Hospital or designated doctor's
 office for whatever medical or surgical attention is required.

Signature of Parent/Legal Guardian _____
 Date _____

Child's Doctor _____ Phone (____) _____-_____

Child's Allergies to drugs if any: _____

Last Tetanus Shot Date _____ Current medication's child is taking _____

Personal Insurance Company _____ Account # _____

Emergency Contact _____ hone (____) _____-_____

Email Address _____

CONSENT AND WAIVER FOR SUMMER FIGURE SKATING SCHOOL

I as a participant or legal guardian representing a minor participant, agree to
 release the City of Columbus, its officers, employees, and volunteers from any
 and all liability for accidents, injuries, loss and/or damage to my/our person or
 property that may arise out of my/our participation in or my/our presence at the
 above activity. I/we are aware that there are certain risks or possible dangers
 in participating in this activity. I have entered into this agreement of my own
 free will.

Participant signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

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